

**New Jersey Department of Health and Senior Services  
Immunological Laboratory Services**

**REQUEST FOR RABIES EXAMINATION**

FOR LAB USE ONLY		LHD Approval/Stamp
Date Received		
Date Reported		
Lab Number		

**SECTION I - INFORMATION ON ANIMAL SUBMITTED**

1. Type (e.g., dog, cat, raccoon, etc.)		2. Breed (if appl.)	3. Date of Death
4. Was Animal: <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild		5. Cause of Death (i.e., put to sleep, found dead, killed by auto, etc.)	
6. Animal Behavior Before Death (Check all that apply) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Lethargic or In Coma <input type="checkbox"/> Wobbly Gait <input type="checkbox"/> Not Afraid of Humans or Domestic Animals <input type="checkbox"/> Appeared Sick <input type="checkbox"/> Drooling Saliva <input type="checkbox"/> Paralysis <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Aggressive <input type="checkbox"/> Overly Friendly <input type="checkbox"/> Wild Animal Out in Daylight <input type="checkbox"/> Unknown			
7. Owner of Animal/Residence of Specimen Origin: Name: _____ Tel. No.: (    ) _____ Munic.: _____ Mailing Address: _____			
8. Delivered By: Name: _____ Tel. No.: (    ) _____ Mailing Address: _____			
9. Health Officer: Name: _____ Fax No.: (    ) _____ Mailing Address: _____			
10. Attending Veterinarian (If applicable): Name: _____ Tel. No.: (    ) _____ Mailing Address: _____			
11. Animal Control Officer (If applicable): Name: _____ Tel. No.: (    ) _____ Mailing Address: _____			

**SECTION II - HUMAN EXPOSURE INFORMATION**

12. Were any people bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> Yes-Other (Explain): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13. County/Municipality Where Exposure Occurred	14. Date of Exposure
15. Persons Bitten By or Exposed To Animal Name: _____ Tel. No.: (    ) _____ Munic.: _____ Mailing Address: _____	
16. How Did The Exposure To This Animal Occur?	17. Has emergency rabies treatment of the exposed person been started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
18. Attending Physician: Name: _____ Tel. No.: (    ) _____ Mailing Address: _____	

**SECTION III - ANIMAL EXPOSURE INFORMATION**

19. Were any other animals bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> Yes-Other (Explain): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20. Type of Animal Exposed	21. Has Exposed Animal Been Vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. How Did The Exposure Occur?	
23. Owner of Animal Exposed: Name: _____ Tel. No.: (    ) _____ Munic.: _____ Mailing Address: _____	

**RESULTS - LABORATORY USE ONLY**

- 1 ☐ No microscopic evidence of rabies by fluorescent antibody examination.  
2 ☐ Fluorescent antibody staining of rabies virus present. This animal was rabid.  
Anti-rabies treatment should be given to any person bitten or infected by this animal.  
3 ☐ Specimen unsatisfactory:    ☐ Decomposed    ☐ Damaged    ☐ Destroyed    ☐ No other tests can be made.